2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 22, 2007 08:00 AM DOCUMENT # P05000131562 Secretary of State 1. Entity Name ROMAN TILE, MARBLE & GRANITE INSTALLATION CORP Principal Place of Business Mailing Address 1841 ADAMS STREET 1841 ADAMS STREET APT# 4 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-3529162 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VELICU, ION 1841 ADAMS STREET Street Address (P.O. Box Number is Not Acceptable) APT# 4 HOLLYWOOD FL 33020 City Zıp Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ___ Addition UHIE ш ☐ Change VELICU, ION NAME. NAMI' 1/000000596859 1841 ADAMS STREET APT# 4 STREET ADDRESS STREET ADDRESS 01/24/07-80013-010 150.00 HOLLYWOOD FL 33020 CHY-ST-7IP CHY-SI-ZIP ☐ Delete ши ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDITIONS CHY-S1-7P CITY+ST-71P виг ☐ Delete THIT ☐ Change Addition NAME NAMI STREET ADDRESS STRIFT ADDRESS CITY-S1-7IP CITY+SI-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7IP ☐ Delete mit ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-SI-ZIP HILE Delete ☐ Change ☐ Addition THIL NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: